

2448-1-0412014-1-1

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**ARKANSAS PUBLIC SERVICE COMMISSION
UTILITIES DIVISION**

INTEREXCHANGE CARRIERS, PRIVATE PAY TELEPHONE PROVIDERS

REPORT ON GROSS REVENUES FOR THE YEAR ENDED DECEMBER 31, 2013

Please complete and return to:

**Audit Section
Arkansas Public Service Commission
1000 Center Street
Post Office Box 400
Little Rock, Arkansas 72203-0400**

03/31/14 JJ

Report is due on or before **March 31, 2014.**

COMPANY NAME	DCT Telecom Group, Inc
dba	
LOCATED AT	27877 Clemens Road, Westlake OH 44145
COMPANY NUMBER (ASSIGNED BY APSC)	2279

GROSS REVENUES RECEIVED	Arkansas Jurisdiction (Intrastate Only)
	\$ 1,748.69

STATE OF Ohio, COUNTY OF Cuyahoga

The undersigned Michael Litten (Name), VP Finance & Admin (Title) of the respondent, on oath does say that the above statement of Gross Revenues was prepared under his/her direction from the original books and records reflecting operations covered by such report; that he/she has examined the same and said report is correct to the best of his/her knowledge and belief.

Michael Litten
(Signature)

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 24th DAY OF February, 2014

Michael E. Jimison
NOTARY PUBLIC

My Commission Expires Michael E. Jimison, Notary Public

Place Seal Here

State of Ohio

My Commission Expires July 23, 2016

ARKANSAS PUBLIC SERVICE COMMISSION

COMPANY CONTACTS and GENERAL INFORMATION

for

Interexchange Carriers and Private Pay Telephone Providers

DATE 02/24/2014

COMPANY NAME	DCT Telecom Group, Inc
dba	
OFFICIAL MAILING ADDRESS	c/o Patrick D Crocker 107 W Michigan Ave, 4 th fl Kalamazoo MI 49007
E-MAIL ADDRESS	contact@nationwideregulatorycompliance.com
COMPANY NUMBER (ASSIGNED BY APSC)	2279

PERSONNEL CONTACTS

AREA	CONTACT PERSON	TELEPHONE	EMAIL ADDRESS
Gross Revenue Report	Patrick D Crocker	269-381-8888	contact@nationwideregulatorycompliance.com
Property Taxes	Mike Litten	440-892-0300	mlitten@4dct.com
Regulatory Affairs	Patrick D Crocker	269-381-8888	contact@nationwideregulatorycompliance.com
Accounts Payable	Mike Litten	440-892-0300	mlitten@4dct.com

Please provide the Docket Number for your Company when granted a Certificate of Convenience and Necessity from the Arkansas Public Service Commission:

DOCKET NO. _____

If your Company experienced a name change and/or address change during the year, please provide that information below:

Please list the number of utility employees located in Arkansas _____.

Please check the appropriate box that describes your Company:

XXX	Interexchange Carrier - Non-Class K
	Pay Telephone
	Other, please list